

ATTORNEY DOCKET NO. CS1055#SP

COMBINED DECLARATION AND POWER OF ATTORNEY

FOR PATENT APPLICATION

As a below named inventor, I hereby declare that: my residence post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or a joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: *POWERED OSCILLATING HAND TOOL the specification of which is attached hereto unless one of the following boxes below is checked:

	The Specification wa on	s filed on April 23, 1999,	was assigned Serial No.	and	was amended				
		ernational application nur Article 19 on	mber _ (if applicable).	_ on	and was				
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.									
I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56.									
I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof, or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representatives or assigns more than twelve months prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows: I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below:									
Prior Foreign Application(s)					Priority Claimed				
980903 Numbei		U.K. (Country)	04/29/98 (Month/Day/Year Filed)	X Yes	No				
Number)	(Country)	(Month/Day/Year Filed)	Yes	No				

All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More Than 12 Months Prior To The Filing Date of This Application:

Country	Application No.	Date of Filing
listed below and, insofar as the United States application in the acknowledge the duty to disc	ne subject matter of each of the or he manner provided by the first lose material information as defi	tes Code, §120 of any United States application(s) claims of this application is not disclosed in the prior paragraph of Title 35, United States Code, §112, ned in Title 37, Code of Federal Regulations, §1.56 and the national or PCT international filing date of
(Application No.)	(Filing Date)	(Status-Patent, Pending, Abandoned)
(Application No.)	(Filing Date)	(Status-Patent, Pending, Abandoned)

I hereby appoint the following attorneys to prosecute this application and/or an international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting, patent based on instructions received from the entity who first provides said attorneys with a written notice to the contrary:

Adan Ayala, Esq., Registration No. 38,373 Dennis A. Dearing, Esq., Registration No. 26,653 John D. Del Ponti, Esq., Registration No. 24,258 J. Bruce Hoofnagle, Esq., Registration No. 20,973 Kerry H. Owens, Esq., Registration No. 37,412 Bruce S. Shapiro, Esq., Registration No. 33,120 Charles E. Yocum, Esq., Registration No. 30,121

Send Correspondence to: Bruce S. Shapiro - TW199

Patent Department

The Black & Decker Corporation

701 East Joppa Road Towson, Maryland 21286 Tel. (410) 716-3254

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity or the application or any patent issued thereon.

			Y					
GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE	DATE					
Calin Duffy								
Colin Duffy	E 0 COLINTENA							
RESIDENCE (CITY, STAT	E & COUNTRY)		CITIZENSHIP					
24 West Torress Channy	DI 16 7DW							
24 West Terrace, Spennyn	COMPLETE OF	U.K.	U.K.					
POST OFFICE ADDRESS	(COMPLETE ST	REET ADDRESS INCLUDING CITY, S	TATE & COUNTRY)					
24 West Terrace, Spennymoor DL16 7BW U.K.								
GIVEN NAME			DATE.					
GIVEN NAIVIE	FAMILT NAME	INVENTOR'S SIGNATURE	DATE .					
RESIDENCE (CITY, STAT	E & COUNTRY		CITIZENCLUD					
INCOIDENCE (CITT, STAT	E & COUNTRY)	·	CITIZENSHIP					
POST OFFICE ADDRESS (COMPLETE STREET ADDRESS INCLUDING CITY, STATE & COUNTRY)								
OUT OF THE ADDICESS	(COMPLETE 31	RELIADORESS INCLUDING CITY, S	TATE & COUNTRY)					
GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE	DATE					
OIVEIVI WILE	. I / WAILE L TAY WAIL	INVERTOR O ORDINATORE	DATE					
			•					
RESIDENCE (CITY, STAT	F & COUNTRY)		CITIZENSHIP					
	_ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		OTTIZENOTIII					
POST OFFICE ADDRESS	(COMPLETE ST	REET ADDRESS INCLUDING CITY, S	TATE & COLINTRY)					
	(00 22.2.0.	TEET TODAY LOS INSCIDENTS ON 1, O	TATE & GOODITICT)					
GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE	DATE					
RESIDENCE (CITY, STAT	E & COUNTRY)		CITIZENSHIP					
`	,							
		•	1					
POST OFFICE ADDRESS	(COMPLETE ST	REET ADDRESS INCLUDING CITY, S	TATE & COUNTRY)					
	•	·	,					
GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE	DATE					
RESIDENCE (CITY, STAT	E & COUNTRY)		CITIZENSHIP					
			·					
			<u> </u>					
POST OFFICE ADDRESS (COMPLETE STREET ADDRESS INCLUDING CITY, STATE & COUNTRY)								